

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>08/13/00</i>
O.I.P.E. CLASSIFIER		<i>2</i>	<i>8/9/00</i>
FORMALITY REVIEW	<i>ERW</i>	<i>70622</i>	<i>9-15-01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

*09/02/01 365*

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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